EVALUATION OF A MINDFULNESS-BASED STRESS REDUCTION INTERVENTION
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INTRODUCTION
Interventions to help health professionals address unmitigated workplace stress are necessary. Cascading effects of unaddressed stress include:
• Compassion Fatigue & Burnout (Sabo, 2011)
• Illness & Injury (Ayas et al., 2003)
• Turnover & Staffing Issues (Hayes, 2012)
• Quality & Safety Issues (Aiken et al., 2012)

PICOT
Among pilot participants (P), how does participation in Project HEAL (I), affect self-reported measures of perceived stress and adaptive responses to it (O), as measured pre- and post- intervention and again at four months following the intervention (T)?

Objectives
As a result of participating in Project HEAL (Health, Energy, and Life at Work), a mindfulness-based stress reduction [MBSR] intervention), participants will demonstrate measurable differences from pre- to post intervention:
1. 10% increase in knowledge, skill, attitude, & behaviour
2. 10% improvement in perceived ability to effectively manage stress
3. 10% improvement in knowledge of and reported use of meditation practice
4. Stakeholders at FHS provided with Phase II guidance for workplace health promotion programming

SETTING & PARTICIPANTS
Purposive sampling was conducted within a 485 bed hospital system, in a medium sized town, targeting RNs where the highest occurrences of lost-time illnesses, injuries, disability days, and turnover were reported.

MATERIALS AND METHODS
• Project HEAL: 8 week (MBSR) intervention using mindfulness: “paying attention in a particular way; on purpose, in the present moment, and non-judgementally” (Kabat-Zinn, 1994, p 4).
• Design: Pre- & post- & 4-month follow-up post-intervention surveys administered
• Tools: Perceived Stress Scale-14 (PSS-14), Additional Likert and open-ended survey items were added to help measure project objectives and efficacy
• Measures: Calculations for sample size based on G-Power 3.1. Using a RM-ANOVA within factors; groups = 3, number of measurements = 3, a power of .80, an effect size of .50 and p = .05, the minimum total sample size was calculated to be nine subjects. The Chi-Square Test of Independence (χ²) was used to analyze nominal level data. The Friedman’s test used to analyze ordinal level data. Kendall’s W (coefficient of concordance) was used as a measure of effect size, with values of 0 to 1 consistent with no effect to a very strong effect. The level of significance was set at p = .05.

RESULTS
• Statistical significance 10 out of 12 completed the intervention, 5/10 and 6/10 completed post-surveys, yielding a 50% return rate
• Clinical significance is suggested by consistent responses of those completing pre-, post-, and 4-month post surveys as well as effect size of .05 to .20.
• Objective 1: 100% report “I know how to meditate” after intervention while only 20% knew how to meditate prior to the course (W = 20)
• Objective 2: 4 months after intervention 83.33% reported using MBSR to relieve stress as compared with 0% prior to intervention. 80% reported being able to apply MBSR to their job setting.
• Objective 3: 100% report practicing MBSR minimum 2 days per week after intervention. (W = 20)
• Objective 4: 6 quiet spaces established, exceeding goal by 100%. Stakeholders provided with project guidance via electronic poster presentation. HEAL program integrated into system’s wellness program. Second intervention offered with 24 participants.

CONCLUSIONS
• Integration of HEAL intervention within existing facility wellness programming will increase access & sustainability.
• A second intervention was conducted with noted modifications
• Integration of HEAL goals and personnel with those of Service Excellence and Human Resource will ensure stakeholder alignment.
• Include more diverse participant population in future studies would increase generalizability.
• Consider use of Maslach Burnout Inventory in place of PSS
• Streamlining data collection process will enable improved data analysis

REFERENCES

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